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ABSTRACT

This article reviews selected literature on the parental self-concept and then provides a definition of the term. In addition, it theoretically explores the concept and then applies it to psychotherapeutic work with parents. Specifically it illustrates how a clinician's understanding of the parental self-concept can facilitate therapeutic change and psychological growth in parents. Four interactive dimensions which emerge in clinical work are presented: the good-self-as-parent; the negative-self-as-parent; the parental ego; and the parent-child partnership. These dimensions are then illustrated in a case study. (PCB)

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# THE PARENTAL SELF-CONCEPT
## A THEORETICAL EXPLORATION AND PRACTICAL APPLICATION

Susan E. Partridge, MSW, Ph. D.

1986

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## ABSTRACT

The psychological birth of a parent is a highly complex, affective and cognitive process, generating in a mother or father a sense-of-self-as-parent. This article reviews selected literature on, defines, and theoretically explores the parental self concept; it then applies this concept to psychotherapeutic work with parents.


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# THE PARENTAL SELF-CONCEPT
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Somewhere between recognition of conception, delivery of an infant and the early months of the child's life, a parent is born. The psychological birth of a parent is a complex process by which a parent comes to have a sense-of-self-as-parent, a parental identity.

In comparison to the amount of published work on a child's development of a sense of self [9], [12], [17], there is a dearth of published material on the parent's sense of self-as-parent, the parental self-concept. The purpose of this paper is threefold: to heighten attention to this notion, to propose a definition and theoretical perspective on the parental self-concept, and to illustrate how a clinician's understanding of the parental self-concept can facilitate therapeutic change and psychological growth in parents.

Much as the child develops a sense of himself, a personal identity or a self-concept so does a parent develop a sense of self-as-parent, a parental identity. The parental self-concept is a significant component of the parent's self-system. It develops over the course of an adult's coming to recognize him or herself as a mother or a father. It pulls upon not only the contemporaneous feelings, thoughts and experiences from caring for a child as an adult, but also from the experiences of the past, as a cared-for child by one's own parents.

The parental self-concept may be defined as a synthesis of self and object representions which surface and/or develop around the specific circumstances surrounding the conception and birth of, and continuous interactions with a particular child by a person who has actively taken on caregiving functions for this child.

On a phenomenological level, the parental self-concept is the parent's "inner story" about any and all aspects of parenting a given child: an envelope of feelings, attitudes, expectations, experiences, conflicts, and beliefs from past and present sources. From the present, the parent accumulates images of self-as-parent through his or her relationship with a child, such as joyful moments, disappointments, frustrations, special meaning attributed to the child or to the moment of the child's arrival, and successful or not so successful experiences with feeding, protecting, managing, teaching, holding, comforting, observing the child, and other caregiving experiences. From the past, the parent's images-of-self-as-parented-child co-exist with images of actual parent figures to create "working models" of mothering and fathering. All such images and ideas, from present and past sources alike, are a blend of positive, neutral and negative feeling tones, images, and representations.

The central concern of this paper is with parents' emotional responses to parenting experiences, particularly with the ways in which parents come to see themselves as parents. While the parental self-concept would seem to be related to parental behavior, attitude and affect, the focus of this paper is not on the multiple influences on parenting behaviors such as discipline style or communication, or on parental attitude or affect towards the child; rather the concern here is with the meaning and self-evaluation attitudes or affects wrought by the parent around a given child.

## REFERENCES TO THE PARENTAL SELF-CONCEPT IN THE LITERATURE

Many authors make reference to a notion of a parental self-concept, although most refer to another term or use one or more phrases to convey the basic idea. Benedek refers to "maternal self-confidence,"[(2)] Chodorow writes about "the

experience of self in relation to a child or children",[4] Rubin discusses "attainment of the maternal role",[16] Leifer and Ludington-Hoe use the terms "maternal feelings",[10] and "maternicity",[11] and Newberger speaks of "parental awareness"[15]. More recently, Main et al., speak of "working models" of attachment and nurturing figures.[13] What are the central positions of these authors who have heretofore brought attention to the notion of a parental self-concept?

Interestingly, most authors have discussed the notion of the parental self primarily in terms of motherhood. Chodorow sees motherhood as a psychological role more than a sociological role. She purports that one cannot require a woman to be an adequate parent, to conform to social norms, unless "she to some degree, and on some unconscious or conscious level, has the capacity and sense of self as maternal to do so" (emphasis added).[4] Chodorow states that the sense of self as maternal is a derivative of a woman's identification with and internalization of her own mother's qualities.

Like Chodorow, Benedek emphasizes the importance of the parent's relationship to his or her own parents as a major factor in the development of parental self-feelings. In a classic article on the psychology of parenthood, she describes the "integration of motherliness" as a "complex and as yet uninvestigated process . . . the result of positive identification with the mother . . ."[2]. Eloquently, she notes that this identification can be burdened by unresolved conflicts emmanating from impaired psychosexual development of the personality and also from difficulties with the actual tasks of motherhood.

Benedek provides a basis for understanding some of the origins of the parental self-feelings. She states that mother's primary sense of confidence develops from her successful experiences in feeding and caring for her child. Over time, the

mother identifies with and incorporates the infant's deep satisfactions that come with achieving satiation and human contact. Benedek asserts that the observing mother feels rewarded by her infant's smile and punished but its cries, and that the maternal self-concept expands "through the gratifying introject: good, thriving infant = good mother, good self."(2)

Benedek's framework suggests some sources of difficulty in parenting relationships, and concomitantly, the origins of a negative parental self-concept. Benedek assumes that the parent's personality changes as a result of parenting, because the parent consciously and unconsciously relives his or her own developmental experiences during many moments of watching and caring for the growing child. As the infant moves through successive developmental stages, so does the parent unconsciously or consciously recall the past. Past psychological trauma during childhood or adolescence, such as abuse or neglect, or chronic patterns of maltreatment, which are inadequately worked through, amount to "ghosts" from the past which haunt and impair parenting abilities.

In a now classic article, Fraiberg, Adelson-Shapiro describe these "ghosts in the nursery."(7) They write that parenting difficulties can be alleviated by a thorough reworking of early developmental trauma. A parent with a therapist's help, recalls with affect earlier traumatic experiences, gains self-understanding, and is enabled to invest more maturely and deeply in his or her child's development.

While Chodorow, Benedek, and Fraiberg look to the history of the mother to understand the parental self, with particular emphasis on mother's identifications with her own mother, Reva Rubin discusses the influence of contemporary, interpersonal and societal factors on the parental-sense-of-self.(16) Rubin delineates important social psychological processes that heighten a woman's attunement to motherhood. The woman's self becomes acutely involved during and with the pregnancy. She is sensitive to any and all cues emmanating from other

pregnant women and mothers about the mothering role, and she absorbs all information she can about other mother's behaviors, attitudes, appearances, thoughts and demeanor.

Rubin suggests that, over time, the pregnant mother consciously and unconsciously "selects" images of motherhood that best fit her, and these images define her as a mother and guide her behavior. What she develops are ideas of the ideal-mothering self, notions that construct a continuity between present and past selves and body image. Rubin describes five "operations" which lead to the mother's sense of self as parent: mimicry of other mothers' behaviors; role playing of selected maternal qualities; rehearsal of certain styles through fantasy; and the internalization of more lasting and individualized images of self-as parent.

Like Rubin but also drawing from psychoanalytic theory, Mary Main, Nancy Kaplan and Jude Cassidy[13] investigated the inner processes by which a parent takes on a parental identity. Through a research interview for a study of parents' "working models," they questioned parents about their experiences in being cared for, in having needs met or unmet, in attempting to obtain parental attention and the like. They suggest that working models of attachment are both affective and cognitive. Their research has discovered a correlation between the predominant quality of parents' working models of attachment and those of their children. Securely attached parents appear to be raising securely attached children.

Another researcher who describes the parental sense of self as being both an affective as well as a cognitive process is Newberger. In researching child abusing and neglecting parents, Newberger developed a "parental awareness scale," which she believes measures the "organized knowledge system with which the parent makes sense out of the child's responses and behavior and formulates policies to guide parental action."[15] While this description does not emphasize parental

self-feelings, Newberger does provide understanding of the cognitive side of the parental self-concept. She describes an underlying structure of concepts of people and roles which parents maintain, change and develop and which affect their parenting behavior.

Newberger asserts that there are two dimensions to the parental awareness: a "perspective-taking dimension" and a "moral dimension." Newberger identified four levels of parental self-awareness, roughly corresponding to Kohlberg's stages of moral development. Parents most aware of the role played by feelings, the necessity to negotiate and balance complex, psychological needs of parent and child and not bound to rigid definitions of right and wrong are those least likely to be found in the child abusing group. While Newberger does not specifically refer to the idea of a parental self-concept or sense-of-self-as-parent, she uses a classification scheme to describe levels of parental development. Furthermore, she found that these levels, at least with regard to childrearing ideology, correspond to actual parental behavior and differentiate abusing from non-abusing parents.

Another study of child abuse and neglect has made a further contribution to our understanding of some of the dimensions of the parental self-concept. In interpreting the results of a major study on maltreatment, Brunnquell, Crichton and Egeland also emphasize the centricity of parental awareness, insight and self-understanding.(3) Associated with the provision of adequate maternal care is the degree of mothers' understanding of the complexity of their relationship with their children. Those mothers least likely to be in the abuse/neglect group were those who were most able to understand normal parental ambivalence, to have an overall conception of their own psychological needs, to perceive those same needs and processes in their children and to balance the needs of self and other. Underlying parental ability to negotiate a complex relationship, the authors assert, is the mother's ability to integrate her pregnancy and childrearing experiences into her overall life experience and sense of self.

An ability to integrate a new experience with past experiences, which Piaget defines as assimilation, is an integral aspect of the development of any conception of self. In a study of parents of handicapped and very ill infants, Mintzer, Als, Tronick and Brazelton describe the effects on parental self-esteem of the birth of child who fails to meet their inner expectations, a life event which challenges parental self images.(14) Mintzer, et. al. advise clinicians working with parents of newly born, handicapped children to specifically help parents recognize and contend with "injured" parental self-esteem. The authors concluded that helping parents to reinstitute self-esteem and to develop a healthy self-concept as a parent is necessary for parents to establish a positive relationship with their infant.

Parental ego strength (the capacity for observation, feeling, and the management of feelings), the quality of past childhood relationships, working models of attachment, awareness of values, and ability to integrate past and present experiences into personality work together to shape a unique parental self-concept. But, as Jay Belsky points out in his analysis of the psychology of parenthood, these parental qualities are not the only dimensions of parenthood.(1)

Belsky writes that there are three domains of influence that determine parenting -- the parental personality, the child, and the social system. He describes parenting as a "buffered system," meaning that if there is weakness or limitation in any one of these three domains, then strengths in one or both of the others can offset the negative impact of weakness in the one. A highly resilient, adaptable child can ease the tensions of a mother who herself was maltreated as a child. A strong marriage can bolster the confidence of parents of a difficult, colicky infant. One of the strengths of Belsky's theoretical perspective is his emphasis on the influence of the social network surrounding the parent and the child. Emotional support from family members figures as a critical social factor,

found by Belsky and others [6] to be highly related to positive parental functioning, including parental self-esteem. Support from the mother's own mother and from the child's father are particularly beneficial in bolstering parental confidence.[5]

In terms of the child's influence on parenthood, numerous factors affect the parent-child relationship including the sex and appearance of the child, birth order, presence of any handicaps or disabilities, temperament, date of arrival or health status of the newborn. Easily readable, predictable, responsive infants, whose styles fit or match those of the parents increase parental sense of competence.[8] Over the course of development, the manner in which the child approaches and resolves developmental tasks also affects the parent's attitude toward the child and the parent's own role.

In summary, it appears that no author has fully studied the phenomenon of a parental self-concept, its origins, derivatives or dimensions. However, many authors, such as those cited herein do acknowledge its importance--in general and for its specific impact on the parent-child relationship. It is believed that parents who feel good about themselves as parents and who have a cohesive sense of self-as-parent are more effective parents. There is some clinical evidence that the tone of the parental self-concept affects the parents' perceptions of the young child, and ability to make decisions. For example, a parent struggling with a sense of self-as-parent which is negative ("I am incompetent. I cannot take care of a baby. My baby will be taken from me") seems more likely to repeat the interpersonal conflicts of the past and less likely to read the unique cues and respond to the unique needs of a baby. And, there is some empirical research suggesting that the models of parenting a parent maintains is associated with the models developed by his/her children.[13]

Despite these beginnings, there are deep gaps in our knowledge of the parental self-concept: its origins in the specific developmental history of the parent and in the actual situations of the present caretaking environment; its functions and course of development; its relationship to attachment, separation and loss; its influence on specific childrearing behaviors and belief systems and interaction with marital, family and social system dynamics; the impact of specific, child characteristics; the effect of circumstances of the birth; and its interplay with various personality factors such as parental depression, psychosexual conflicts, overall identity and patterns of childhood attachments.

## The Parental Self-Concept: A Synthesis

What synthesis can be brought to this diverse body of literature?

Based on a content analysis of writings which describe the phenomena of the parental self-concept, a theoretical perspective can be wrought to elaborate on the notion of the parental self-concept. Following this, additional ideas from the author's clinical practice will be incorporated.

The parental self-concept is:

1) **affective**, consisting of feelings a parent has about the role of parent and about caring for a particular child;

2) **cognitive**, consisting of self-statements about the parent's performance, explanation of past parenting choices and current parenting behaviors, strategies to arrive at an understanding of personal style, and motivation to parent and meaning attributed to the unique history of a parent-child relationship;

3) **moral**, giving emphasis to certain childrearing values, norms, and ideals, especially within the context of accepted cultural or subgroup standards of parenting, and a self-appraisal, an evaluation of how good or not-good a parent one is, as compared to such ideal standards; and,

4) **integrative**, juxtaposing and synthesizing early identifications with parenting figures from the individual's past, including self and object representations, and information from the present, to arrive at a more or less organized set of meanings of attachment, attachment figures and the acts of caring for and being cared for by others.

What is the function of the parental self-concept? As is true of the self-concept in general, a specific parental self-concept provides a conceptual framework or backdrop against which the individual-as-parent can weigh decisions, evaluate his or her own immediate behavior, and guide his or her feelings about being a parent to a given child. Second, the parental self-concept integrates past experiences as a parented child in relation to one's own parents with current experiences as a parenting agent. It, thereby, enables an important sense of continuity within the self and between generations with regard to parent-child relationships. Many "decisions" about parenting behaviors at innumerable choice points are rendered automatic by virtue of the parental self-concept. Other parental decisions are conscious choices to be "different" from one's own parents and to, thereby, give one's child a "better chance than I had."

Third, the parental self-concept offers a mental map for the imprinting of contemporary influences--feedback from the child, from the spouse or other relatives, and/or from significant people in the social system, whose comments are useful in their confirming or opposing of internal ideas and images about parental performance and values. The parental self-concept provides the parent with a rudimentary classification system, within which to organize new information. This personal, conceptual framework provides a way for the parent to store and retrieve information about an important aspect of the self, and the images of self-as-parent allow for more intricate patterns of organizing intensely personal thoughts, feelings, attitudes, wishes, and memories regarding his/her child.

Is a parent aware of having a self-concept-as-parent? The parent is more or less aware of the nature and "feel" of his or her parental self-concept, depending on a number of factors. A strong attachment towards a given child, and a predominantly positive relationship with that child would tend to make the parent aware of the importance of being a parent. Similarly, an acknowledged and verbalized, positive attitude towards the parental role itself, as might be heightened by a long-awaited pregnancy, a succession of miscarriages followed by a successful pregnancy, or the adoption of an infant are some of the factors which acutely bring to the consciousness of a parent his or her basic orientation to the parenting identity.

On the negative side, any situation which alerts the parent's attention to contrasts between one's ego ideals as parent and the reality of a situation, essentially a divergent experience, would painfully bring to consciousness the loved and hated aspects of the self-as-parent. One would expect that the greater the divergence between the ideal and the reality, the more acute the awareness of one's self-feelings, as may likely occur in the suicide of an adolescent child, or longterm emotional disturbance in the child.

An ability to contrast divergent experiences in parenting, whether due to parenting different children or to parenting one child differently at different ages, also raises the likelihood that a parent will attend to certain feelings, responses, or self-statements about one's self as a parent. A parent suffering from intense ambivalence about a given child or embroiled in ego-dystonic conflict with an authority figure about the child, such as a teacher, also is acutely aware of what he or she feels and possibly why. And, severe disappointments that precipitate or follow a crisis, impel parents to work through images, ideas and conflicts. The process of grieving, ultimately ending in resolution, is described as typical of parents' responses to the birth of a handicapped, premature or sick infant. These and other factors help parents to develop and acknowledge the "inner story" of their parenthood.

Dimensions of the Parental Self-Concept in Clinical Work with Parents

Four dimensions of the parental self-concept appear to emerge in clinical work with parents, either in the mode of parent guidance, infant-parent psychotherapy, or parent psychotherapy. These dimensions constitute the conceptual framework within which the parental self-concept can be more thoroughly understood. They are: the good-self-as-parent, the negative-self-as-parent; the parental ego; and the parent-child partnership.

These four dimensions of the parental self-concept are interactive. Each makes a unique contribution to the parental self-concept, though it would seem likely that some dimensions are more predominant components in the parental self-concepts of certain individuals than in those of others. In working with parents, clinicians inevitably learn about the specific coloration of these dimensions through verbal and non-verbal information from the parent, observations of parent-child interactions, collateral reports and feedback, and the specific nature of the real and transference relationship between the parent and the clinician.

The concordance between actual parental behaviors or between others' perceptions of the parent and the parent's own self-feelings is not a major concern of this paper. It is an accepted fact that one's images of self in general do not necessarily conform to the images which others hold of them. What to one parent is "patience," to another is "passivity." A definition of what is or is not good is also beyond the scope of this paper.

1. The Good-Self-As-Parent

> I am patient and loving. I listen to my child. My child understands what I want because I am consistent. I am somewhat like my mother but I give my child more freedom, since I know that this is good for her.
>
> I teach him right from wrong. I do what's right because I want him to know how to behave. I love him and I take care of him.

However parents define "good parenting," there is usually a recognition that some aspect of their parenting, or quality of themselves as a parent, is "good." They take pride in and fully accept a set of values and norms which identify certain styles of discipline, behaviors and/or feeling as "the good way to parent." The "good parent" may be seen as warm, accepting, loving, caring, flexible, consistent, patient, or being able to provide the child with shelter, protection from harm, adequate nutrition and health care and the like. Whatever values parents come to adopt as ideal, preferred aspects of their parenting self, parents generally accept and see in themselves some characteristics which are ego syntonic and judged to be "good."

Parents vary tremendously in the qualities they possess as parents. They also vary in the degree to which they place value on characteristics perceived by others as positive. And, they maintain defenses and representations from the past which affect their own impressions of qualities observable and identifiable by others. For example, anyone else might view a father as "good" because of his willingness to play with his son at any time or circumstance. In fact, this father may not see his behavior as "good" at all; rather, he could feel obligated to the son, fearing the child's rejection or anger, and unconsciously attempting to make up for the perceived failures of his own father. He may not feel "good" about his responses as a parent.

Thus, the good-self-as-parent is simply a reflection of the parent's own self-evaluation. At the opposite end of the continuum of parental self-feelings are negative perceptions of the self-as-parent.

II. The Negative Self-As-Parent

> I will someday severely hurt my child. I am out of control. I have a terrible temper. My child will probably hate me.
>
> I cannot stand being around them for long. I soon have to leave them. I know it is not good. But I don't like them after a while. Maybe I am impatient. Maybe I should have never become a father.
>
> With my own daughter, I am complaining and demanding, just like my mother. I wish I were different.

Negative self-feelings regarding one's identity as a parent can have origins in contemporary relationships and interactions within the family, as well as in past experiences. For example, subsequent to several bouts with an oppositional child, a mother feels drained, inept, and frustrated, and begins to wonder if her parenting abilities are deficient. Remembering her own childhood, she recalls the many times when she felt unruly and her own mother responded with withdrawal and frustration. She was determined to be more patient than her own mother was and now feels some self-doubt. Current obstacles interact with memories and learnings from the past.

Disappointing, irritating, ambivalent or difficult experiences with a child can dredge up old images of the self, those often immature, irrational, conflictual self-feelings that define the self as evil, stupid, worthless, ungiving, hopeless, or otherwise "bad" or devalued. As such feelings emerge in parenting, they become part of the negative or "deficient" sense-of-self-as-parent. Sometimes, the aftermath of incorporating new, negative images of the self-as-parent or the impact of old, unwanted views of the self, which surface in day-to-day interactions with children, leave the parent with uncomfortable feelings.

Wanting to be a different kind of parent, fearful of the impact of one's behavior or feelings on a child, declarations to others of one's negative behavior with or feelings about child, statements about one's inadequacies as a parent, feeling miserable and out of control, or generalized low parental self-esteem, with or without accompanying negative self-statements, are some hallmarks of this negative-self-as-parent dimension.

Many attitudes which parents hold of themselves as parents are more rightfully labeled as "ambivalent," rather than as "positive" or "negative." A mixture of feelings and images, perhaps contradictory, perhaps inconsistent, perhaps dependent on certain circumstances or contexts, co-exist. In balance, they leave the parent with an ambivalent view of the self-as-parent. Theoretically, it would be possible to separate out the valued and the devalued characteristics which lend to the ambivalent stance.

III. The Parental Ego

Parents' views of themselves are complex. Not all perceptions of the parental-self are evaluative--good, bad, or ambivalent. A fairly large part of the parent's sense of self as parent, or parental self-concept is descriptive--"This is simply the way I am as a parent." The parental ego, like the ego of the personality as a whole, is that quality of the parent's abilities which is relatively neutral, objective, integrative, managerial, and administrative. The parental ego notes all that a parent is, does and feels as a parent. The strengths of the parental ego hinge on abilities to observe detail, to reflect with neutrality upon the self, to gather data from all sources, to organize that data base for the sake of formulating conceptual linkages between images and experiences. These skills greatly contribute to the depth, consistency and coherence of the overall parental self-concept.

The parental ego is the "executive" agent of the parental self-concept: the unequivocal, effective, acting, thinking, problem-solving parental self, unencumbered by conscious or unconscious "evaluative" statements emmanating from a good or a bad self. The parental ego is the "narrator" of the parent's inner story. The parental ego is marked by an absence of emotional conflict, subjective evaluation, celebration, obsession or delay. The functions of the parental ego are essential because they gather and analyze information about the parent's performance and the nature and quality of the parent's feelings from the environment, the child, the family, and the social network.

There is, with some parents caught up in a highly negative parental self-concept, a difficulty with the parental ego. For parents with very low self-esteem and high expectations, much of their actual parenting functioning or performance is not acknowledged, or perhaps even noticed. For example, a mother may not see the many times she successfully protected her child from imminent danger, heard her infant cry from several rooms away and responded quickly, fed and clothed her child without hesitation or emotional conflict, applied a new idea she just learned from a magazine and accomplished numerous other examples of "good" or "adequate" parenting behaviors. This mother simply fails to catalogue, to record the many examples of her "good" parenting. In contrast, an abusive parent, defining himself as "strict," and seeing this as "good," may not take notice of his excessive use of force, may deny his rage, or may "forget" instances of having bruised his child. Such parents are not consciously aware of the degree to which their overall actual functioning plays or fails to play a part in their overall evaluation of self-as-parent, or in their conception of self-as-parent. Their parental ego capacity is limited, and, consequently, limits the depth and the development, of the parental self-concept.

IV. The Parent-Child Partnership

One of the most central, integral sources of information about one's functioning as a parent, and certainly the emotional arena in which parental feelings and experiences occur, is the actual here and now parent-child relationship. The parent's relationship with a specific child is a dynamic force in his or her view of the parental-self, feeding the parental self-feelings and images on a daily basis, changing with each of the child's developmental transitions and responsive to the dynamic transactions within the family and social environment.

No parental self-concept escapes the influence of the uniqueness of the parent-child relationship, as it has developed from the moment of awareness, as in pregnancy, through the current stage in the child's life. As not all partnerships are positive--some are neutral, some tension-filled, some in transition--so does the nature of the parental partnership take on different tones at different times. The parent-child partnership greatly contributes to the "core feeling" of the parental self-concept and is the hub around which the parental ego operates, revising, deleting, adding and formulating images of the self-as-parent.

There are different types of parent-child partnerships. Parental empathy, and mutuality within the parent-child relationship, each built up through innumerable interactions during the child's entire development in the context of a nurturing social environment, are the basic foundations of a supportive parent-child partnership. One sees evidence of this kind of partnership in parents who earnestly reveal a motivation to "give the child a better life than I had," who make a commitment to and an investment in the child's wellbeing and individuation, despite hardships, who manifest a deep attachment towards the child, and who accept the child's uniquenesses and limitations, while ensuring the survival and growth of the child.

Not all partnerships are characterized by a balance of supportiveness and mutuality. Some are struggling with interpersonal tensions and incompatible needs or with failures of the environment to support a parent-child relationship, despite an overall commitment to the relationship. The struggling partnership is characterized by the parent's and the child's struggles to meet and to balance basic needs that undergird development. To move beyond a stalemate, to grow, relationships require a real negotiation of wills in the context of a stable, supporting environment. Struggling partnerships are the inevitable result of normal personality clashes, individuation tensions, and developmental obstacles relived by the parent, discovered by the child, or present in the environment. Struggles can be exacerbated by or caused by stress and strain within the family unit or outside of the family. Parents' abilities to negotiate their's and children's worlds are influential sources of high and low self-esteem and mastery.

The particular type of partnership in the current relationship, the influence of the negative self-as-parent, the good-self-as-parent, and the parental ego all make up the unique and ever-dynamic, parental self-concept. As the clinician listens to the parent's unraveling, inner story, the nature of the individual's parental self-concept will become clear.

It is recognizing the nature, the depth, the range, and the internal coherence and logic of the parental self-concept, verbalizing it and then opening it to discussion, learning, and the therapeutic input of the clinician that the clinician and parent can discover the obstacles to parental change as well as the inducements and reinforcers of parental learning, development and mastery.

Case Illustration

Thirty years old and the mother of a son, Allison was plagued by the nightmarish and constant belief that she had "starved" her son from the moment of

birth. Born by an emergency C-section and delivered by doctors whom his mother felt uncaring and intrusive, Jonathon entered a tense world. Mrs. M. held Jonathan at her breast for hours, as though "trying to return him to my womb." She reported with anguish that she nursed him for up to "11 hours per day, at least." She described him as colicky, frail and unhappy for one and a half years.

In contrast to Mrs. M.'s viewpoint, the doctor she consulted found him to be "normal" and healthy except for slight anemia for a short time in his second year. However, Mrs. M. continued to consult new doctors until the child was around 18 months old, when he was diagnosed as having "colitis." Knowledgeable about psychologically-based illnesses, she determined that the child needed emotional help and she found a psychotherapist who could address her fears and worries.

Early on in the relationship between Mrs. M. and the therapist, in recognition of the mother's basic concerns about starvation and nurturance, the therapist was careful to "swallow" all of mother's complaints about the baby: he masturbated excessively, couldn't play with peers, never tolerated separations from her, cried a lot, slept poorly, was too thin and the like. These problems could not be independently observed by anyone in or outside of the family. Mrs. M. was unable to see that anything she ever did or was doing with the boy was good, and all that the toddler did was viewed as evidence of his "insecurity" or her incompetence. She lacked a basic confidence in the child and in herself as a mother. Slowly and without interrupting the mother's flow or interfering with the mother's need to discuss her fears, the therapist made consistent efforts to point out to Mrs. M. her very real abilities to parent her son and the connections between people's feelings about their children and their feelings about themselves.

When Mrs. M. felt that the therapist might be sufficiently knowledgeable and consistent as to be helpful, she began to discuss her own history, specifically her

relationship to her own mother. Mrs. M. stated that she herself never had a "real mother," and so couldn't identify what a mother was. Her mother was cold and rejecting, once tried to "kill" her and was diagnosed as schizophrenic. Her mother vastly preferred a younger sister, who herself became mentally ill during adolescence. Mrs. M.'s innermost images were that mothers were destructive and frightening. Her worst fear was "being like my mother." To avoid this feeling, she had not ever allowed herself to identify as a mother; she had barely claimed this role and consequently avoided feeling "powerful" or influential with her son. To this new mother, being fully a "mother" meant destroying the spirit of her new baby.

In the early months of therapy, Mrs. M. telephoned the therapist 3-5 times per week. She demanded attention, noticing and complaining about the slightest deviation in the therapist's voice or manners of response. If the therapist had not read the recent Parents Magazine article on children's self-esteem, for example, Mrs. M. accused the therapist of being unknowledgeable. If the therapist made a hasty interpretation, the therapist was "bookish." Errors in technique -- perceptions of this mother that the therapist was not attuned to her needs -- were responded to with rage for many, long months. The therapist's failures to give were felt as efforts to starve this needy woman, as she felt she starved her baby.

In effect, the relationship with the therapist became similar to a "demand feeding" situation; had the therapist failed to be constant, ever-present, responsive and nurturant, the mother would herself have emotionally "starved to death," not only as an individual client, but also as a parent; when she thrived, she was able to better nurture her son. The focus on the infant was never lost but as the mother's sense of herself as a parent developed, this developmental process provided a link between her personality as an individual and her role as a mother.

She brought in issues regarding her son's development or care that invariably mirrored her own developmental concerns. Talk of herself and her past and present alternated with questions and concerns about child care, discipline, feeding and parenting dilemmas.

Through a combination of developmental guidance, support, and timely interpretations of the origins of this woman's fearfulness of being a mother, the therapy process facilitated the development of a stronger, more cohesive and more positive parental self-concept. This mother's parental sense-of-self-as-bad thoroughly overwhelmed her parental sense-of-self-as-good. Furthermore, her fright at even accepting herself as a mother at all forbidded her from functioning within her parental ego; she was unable to make simple decisions about whether to obtain a babysitter, whether to take away the pacifer or to give it, how to set limits, which way to play games and many other facets of normal childrearing. She hardly noticed how she was functioning as a parent and was preoccupied with her anxiety, confusion and despair, emmanating from the sense of herself as a bad-parent. In contrast, she functioned very well as a business woman and as a friend and she saw herself as-a-person in a much more balanced way.

Pointing out to Mrs. M. the real ways in which her parental ego was functioning, despite her self-evaluation, strenthened her sense of herself as a parent. Particularly effective were observations of the infant's attachment, healthy development and attractiveness, drawing the connection between these positives and mother's capacity.

Six months of therapy passed before Mrs. M. could begin to actually claim herself as a mother. In one therapy session, she reported that during the previous week, she had been experiencing physical sensations of abdominal pain, pushing and constipation. She reported that she amost called the therapist but she thought she

knew what was going on: she "realized" that she felt "like I was pushing Jon out. I was still in labor." This went on for a few days and then she had a startling realization; she made a simple decision to hire a babysitter while she went to a friend's house by herself, without conflict, consternation or forethought. She felt great about her "decision," confident that the baby would be okay. On return home, she was jubilant and remarked that "for the first time, I felt like I was a mother. I realized that I'd never before felt this." This level of recognition precipitated by a simple decision and her newfound ability to acknowledge her own effectance, was for her, astounding, leaving her in tears. She gave birth to herself as a parent.

From this turning point on, Mrs. M.'s parental ego, her ability to perceive positive qualities in herself--the good-self-as-parent--became stronger. Although the progress was slow, and for some time the bad-self-as-parent continued to outweigh in intensity the positive elements, her parental ego functioning and obvious sense of the growing partnership with the child (any kind of partnership) grew stronger. Throughout five years of therapy, this mother's functioning as a parent became increasingly more competent and satisfying to her and the child. Her parental self-concept became more balanced as did her understanding of the origins of her concerns and feelings. Her development as an adult, and her development as a parent, proceeded hand-in-hand, in related but somewhat different processes.

Mrs. M.'s parental self-concept was tied to the birth of her first child. In the third year of therapy, she gave birth to a second son. Her relationship with her second-born child was remarkably unencumbered, relative to the relationship with her first-born; within seconds of the second child's birth, for example, as she later reported to the therapist, "I felt instantly like I knew him and I knew and still know he is going to be okay. I know what to do with him." At the end of therapy, her relationship with her first child was still tense, but was more than adequate and her parental self-concept was far more healthy, balanced and cohesive.

Understanding the nature of the parental self-concept of this woman--the intensity and the specific content of her bad-self-as-parent; the sparcity of her good-self-as-parent; the underdevelopment of the parental ego and her inability to claim herself as a parent at all; the uniqueness of the supportive parent-child partnership which was developing in spite of the mother's problems--gave guidance and direction to the work of parent psychotherapy. Determining the most appropriate timing of clinical interpretations was facilitated by this understanding, as was the selection of observations of the child's progress to be shared and interpretation of the meaning of the issues this mother brought in to the therapy sessions.

Mrs. M. consciously struggled to better understand her sense of herself as a parent; as her understanding grew, the issues became clearer, and it was possible for her to better assess her own progress in therapy. By helping her recognize the obstacles within her own perceptions of self, in light of her history and current relationships, she and the therapist shared a system of meaning, a conceptual framework that facilitated parent therapy while simultaneously engaging in parent guidance. When the mother was more able to delve into her personality, history and ego development, the work was labeled more as an individual psychotherapy, but the tie between her development as an individual and her functioning as a parent was provided by a continuous focus on the parental self-concept, in all of its dimensions.

## Summary

This paper has presented a theoretical framework for understanding the parental self-concept. It has been argued that understanding this phenomena is extremely beneficial to working clinically with parents as individuals or on behalf of children. An integration and synthesis of the literature which makes reference to this notion, plus additional theoretical exploration throughout this paper, suggests that even our current understanding can be effectively applied to clinical practice with parents.

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